Symptom Management of Advanced Parkinson's Disease (PD) (TH341)
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Objectives
- Recognize common symptoms of advanced Parkinson’s disease.
- Discuss palliative approaches and symptom management in patients with Parkinson’s disease.

Palliative care physicians should have a good understanding of Parkinson’s disease (PD) because of its increasing prevalence as the population ages. Treatment of PD is mainly palliative. PD is the second most common neurologic diagnosis in hospice, behind only Alzheimer’s disease. Palliative care physicians provide psychological, social, and spiritual support as they work toward improving overall quality of life among patients with PD. In patients with advanced PD, disabling motor fluctuations and dyskinesias can occur. Depression, dementia, and psychosis are also common psychiatric problems associated with advanced PD.

This presentation will discuss evidence-based palliative approaches to the management of advanced PD. Strategies to treat motor fluctuations include adding a DA; increasing the levodopa dosage and/or frequency; starting a catechol-O-methyl transferase inhibitor, such as entacapone; and adding a MAO-B inhibitor. Indications for referral to deep-brain stimulation are advanced disease with severe motor fluctuations, dyskinesia, or disabling tremors that are not responding to adequate drug therapy. PD psychosis is usually drug induced and can be managed initially by reducing antiparkinsonian medications. The judicious use of psychoactive agents may be necessary. It is important to assess for caregiver stress as patients develop significant physical disability and cognitive decline. Patients often develop worsening of swallowing problems. Dietary modifications, such as honey-thickened fluids, is helpful to increase feeding efficiency and reduce the risk of aspiration. Pain may be a problem in all stages of PD. Pain can be due to musculoskeletal, neuropathic, or psychosocial causes. Successful pain management strategies include evaluation of the type of pain, careful adjustment of antiparkinsonian medications, judicious use of pain medications, and adjuvant therapy as needed.